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# Appendix C

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Summary Health  
Insurer and Broker  
Interviews

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May 31, 2011

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## ARIZONA GAP ANALYSIS HEALTH INSURER AND BROKER INTERVIEWS DOCUMENTATION

### HEALTH INSURER INTERVIEWS

ORGANIZATION	NAME	TITLE	PHONE	EMAIL
<b>Blue Cross Blue Shield of Arizona</b>	Pam Ray	VP Enrollment Services Administration		<a href="mailto:pray@azblue.com">pray@azblue.com</a>
	✓Chuck Bassett	VP - Government Relations		<a href="mailto:cbassett@azblue.com">cbassett@azblue.com</a>
	✓Will Ruble	Manager - Enterprise Architecture Solutions		<a href="mailto:wruble@azblue.com">wruble@azblue.com</a>
	Kathy Beranek	Manager of government relations & public policy		<a href="mailto:kberanek@azblue.com">kberanek@azblue.com</a>
<b>Add'l Contact</b>	✓Elizabeth Messina	Senior VP & Chief Information Officer		
<b>Add'l Contact</b>	Lynn Seidito	Admin to schedule mtg	602-864-5219	

INTERVIEW NOTES	
<b>Existing assets that support individual applications</b>	<p>50% of business through brokers.  Blues hold 50% through brokers. 25-26% of market. United in second place. Very competitive.  Individual vs. group business: administrative services or full risk with groups. Anticipating possibility of groups wanting to change the way benefit is offered. i.e. providing stipend for individual to purchase insurance. Don't know what relationship will be with brokers/agents?</p> <p>Individuals Online quoting and rating presence. Review product offering. Vision for it to do more. Can check physician in network, etc., cost options. Can apply and go through underwriting online. Notification of coverage. Can request start date; generate id card online. Back end integration into enrollment systems. Can pay premium online. Don't do credit card. Can complete whole application online. Questions answered by chat with salesperson by phone. Can submit email. Integration between portals is what creates positive customer experience. Would like a way to start on a carrier's portal and go to HIE if possible: bi-directionally. Important that carriers be seen as a trusted source of info. And want to be transparent around promoting AZ HIE. Ongoing changes like adding member, etc. want to offer all options. Seamless experience between carriers and the exchange. Goal to sustain health coverage: improve customer experience.</p> <p>In a position of handling "hand-off" except use of SSN which creates element of data exchange challenging. Don't want to</p>

	<p>hold data: want a “federated” approach. Business rules for when and how validation occurs. Prefer business rules be centrally maintained.</p> <p>Enrollment history? Prefer Web Service calls? How much history will exchange need? HIE should store less data. Renewing member: goal to keep member, etc. route to HIE. Annual validation income, subsidy assessment, drug/felony.</p> <p>Brokers: 5-10 key brokers (with individuals and groups) can access on line application as well. Long and good relationship with brokers. Sending quotes by email. Making changing on their behalf. Want to have a value member. Integration between carrier broker portal and HIE portal. Some send transactions.</p> <p>Group perspective: employers may use brokers. Large amount of small business and use brokers. Prefer that SHOP is integrated in AZ.</p> <p>Today have employer portal and can transmit electronically. Individuals can apply and then employer approves for payroll deductions. Accept electronic payment from employer or payroll service</p>
<b>Additional Assets needed to process HIE applications</b>	Need premium aggregation, e.g. federal subsidy, etc., discounts, stipends, etc. Individual being billed correctly for ongoing payments not just initial. Recommend single 3 <sup>rd</sup> party to manage subsidies.
<b>Notes</b> Three key points: Premium aggregation in one place Federated model (web services) store as little data as possible Bi-directional integration from carrier portals to HIE	

ORGANIZATION	NAME	TITLE	PHONE	EMAIL
Delta Dental of Arizona	Mark Anderson	Vice President & Chief Financial Officer	602 588-3617	<a href="mailto:manderson@deltadentalaz.com">manderson@deltadentalaz.com</a> ✓ 3.10.11 email & voice
	Jay Kolker	Operations and IT	<a href="tel:602-588-3927">602-588-3927</a>	<a href="mailto:jkolker@deltadentalaz.com">jkolker@deltadentalaz.com</a>

INTERVIEW NOTES	
<b>Existing assets that support individual commercial applications</b>	<p>Individual: in-house web-app that allows individuals to enroll in one of their plans. Can select vision as well. Several payment options. Capacity to use web services, but don't use much no. SQL backend. Use ASP programming and .net; Able to share info electronically in various formats. Send and receive electronic files. Currently receive eligibility files from AZ (for AZ state staff) using FTP.</p> <p>Employer groups: no in-house applications to service commercial side. Platform housed by Wisconsin Delta Dental and handles employer portal to enroll, change individuals in group account. Also hosts claims system. (Illinois, Iowa, Arizona).</p> <p>No ability for group to self-enroll. Most is broker generated.</p> <p>Delta Dental AZ has 67 employees. Is a franchise model.</p>
<b>Additional Assets needed to process HIE applications</b>	<p>Individual system may need re-sizing: band width and infrastructure would need upgrades if volume of transactions increase as a result of presence on the Exchange</p> <p>Would like to see hand off for those wanting dental insurance. Willing to work with either hand-off or interface with exchange..</p> <p>Insuring transparency of medical vs. dental premium costs (?pediatric?).</p> <p>Pediatric benefit (required in ACA as part of coverage) design be specific and different than adults.</p>
<b>Requirements for HIE to send referrals? , e.g. accept 1st premium payment &amp; process state/federal subsidy</b>	<p>Flexible and able to accommodate transaction format and protocols.</p> <p>Currently process premiums. Outsource billing portion. Accept individual online payments.</p> <p>Would accept first premium from Exchange.</p>

ORGANIZATION	NAME	TITLE	PHONE	EMAIL
Aetna	Linda Cooper	Regional Government Relations Director		<a href="mailto:CooperL3@aetna.com">CooperL3@aetna.com</a>
	John Pierce	Architect Manager - Enterprise Systems Architecture		<a href="mailto:PierceJA@aetna.com">PierceJA@aetna.com</a>

INTERVIEW NOTES	
<b>Existing assets that support individual commercial applications</b>	<p>Have different types of interfaces depending on type of product</p> <p>Publish rates, for individual &amp; small group: online quoting and submission of application online; separate interfaces for individuals, small group portal,</p> <p>Level of detail:</p> <p>Multiple products and segments online; also for smaller employer</p> <p>Now offers a number of transparent tools to make product selection</p> <p>What type of tech do you use for your portal? Java-based running web sphere. DB2.</p> <p>Have language support. Sp and Eng.</p> <p>Premium collection: Aetna collects from Fed and individual; Currently work with another vendor to collect a “binder” payment and then bill direct to consumer. In process of putting up capability to collect online. Exchange: no binder payment.</p>
<b>Additional Assets needed to process HIE applications</b>	Standardization of business rules across both consumers and employers for consumers to compare products in exchange, e.g. ehealth
<b>Requirements for HIE to send referrals? , e.g. accept 1st premium payment &amp; process state/federal subsidy</b>	<p>Standard format to send information, e.g. ehealth standard in place by feds</p> <p>AZ has unnecessarily complex process in terms of premium collection and payments.</p> <p>Concern that have to build interfaces with all states. Want it to be less administratively burdensome, clean and simple, etc.</p> <p>Alignment with ehealth.</p>

**Aetna Notes****Participants:**

Linda Cooper

Candy Krebs – Consultant, Aetna's Health Reform Implementation Office

Enterprise IT Department staff: John Pierce - Architect Manager, Dharmesh Chokshi - Architect Manager, Stephen Zebrowski - Sr Architect, Daniel Sattler - Sr Architect Advisor, Steve Leshak - Sr Program Manager

Linda Cooper set context

Aetna: What kind of products does state expect carriers to provide?

SIS: state may certify which carriers can participate; not clear if dept of insurance will require certain products.

Aetna: where will the link to enrollment function reside: on carrier side or in the exchange?

SIS: probable hand off to carrier with info as already collected

Consumer's experience different among carriers.

SIS: expectation to have experience be same, i.e. look and feel (skinning), but not necessarily function

Aetna: Are exchanges expecting to send over information; want standard format

Aetna: What kind of info will carrier need to send to exchange"

SIS: which plan they enrolled, date; date coverage extended and terminated, etc.

Aetna eHealth and Federal portal; doesn't have integration with systems?, more than presentation of information

Aetna: Does carrier have to respond in real time once consumer has determined which plan? i.e., Will there be time for underwriting? Does it have to be real time? Aetna prefers it not be real time. Note that ACA requires No more underwriting per se. Only variation in rates based on age and tobacco use in Arizona. ACA: Carriers will have to extend a 90 day grace period. Will be less decision making. Flow charts and diagrams available from Conference that Candy attended. Enrollment exchange will pass file.

Aetna: Multiple –vendors, e.health using web services; web services, send status back, somewhat “real time”. AARP site has more “skinning”. Current application collects health history.

How will you receive product and rate data?

Standardized interface

Review opportunities to leverage interface existing healthcare.gov; Recent development and all carriers use it, etc. Really important to have one set of formats;

Ehealth is facilitator for federal portal; the way plan info is displayed should be standards. Currently submit Monthly feed

ORGANIZATION	NAME	TITLE	PHONE	EMAIL
<b>Cigna (represented by Barclay Legal)</b>	Steven Barclay	Attorney	(602) 692-8298	<a href="mailto:steve@barclaylegal.com">steve@barclaylegal.com</a>
<b>Additional Contact</b>	Braden Jacobs	Enterprise Solution Delivery	860.226.4187	<a href="mailto:braden.jacobs@cigna.com">braden.jacobs@cigna.com</a>

INTERVIEW NOTES	
<b>Existing assets that support individual commercial applications</b>	<p>Portal for Small Business that supports plan selection and simulation capabilities for designing plans based on different criteria</p> <p>Support for ACH and electronic fund transfer for premium collection</p> <p>Currently there is no portal for individuals to apply but CIGNA is in the process of developing a consolidated portal by early 2014 that will allow individual to apply and brokers to get access to plans that are available</p>
<b>Additional Assets needed to process HIE applications</b>	<p>Online Payment</p> <p>Display of 4 Tier plans</p>
<b>Requirements for HIE to send referrals? , e.g. accept 1st premium payment &amp; process state/federal subsidy</b>	<p>Supports standardized data transaction including HIPPA supported formats</p>

**Notes**

Will prefer the UTAH model where the exchange simply links the individuals to the carrier's portal and not provide enrollment options on the exchange, but are open for the latter option as well if required.

Would like to receive demographics data from exchange if the exchange routes the individuals to their site.

ORGANIZATION	NAME	TITLE	PHONE	EMAIL
Health Net	Mark J Brooks	Chief Technology Officer		<a href="mailto:mark.j.brooks@healthnet.com">mark.j.brooks@healthnet.com</a>
	Gay Ann Williams			<a href="mailto:gay.ann.williams@healthnet.com">gay.ann.williams@healthnet.com</a>

**INTERVIEW NOTES****Existing assets that support individual commercial applications**

Portal for Small Business and individuals to apply  
Support for online payments

**Additional Assets needed to process HIE applications**

Allow brokers to see plans available  
Have a consolidated portal for all types of applicants

**Requirements for HIE to send referrals? , e.g. accept 1<sup>st</sup> premium payment & process state/federal subsidy**

Supports web service based standardized transactions including HIPPA formats

**Notes**

Would prefer the exchange not to host the plan data and query the plan systems in real-time every time the consumer is looking for insurance options.

Would prefer the exchange simply send the consumers to the carrier's web site for application and enrollment process.

Willing to send minimal enrollment information to the exchange.

Willing to skin the web site to look like the exchange site.



ORGANIZATION	NAME	TITLE	PHONE	EMAIL
United Health Group	Jake Logan	VP - State Government Affairs		<a href="mailto:Jake_Logan@UHC.com">Jake_Logan@UHC.com</a>

INTERVIEW NOTES	
Existing assets that support individual commercial applications	Customer research and exchange prototype Experience in working with States and other focus groups
Additional Assets needed to process HIE applications	
Requirements for HIE to send referrals? , e.g. accept 1st premium payment & process state/federal subsidy	
<b>Notes</b> Serves 37 million Americans  Community Plans serve 3.3 million enrolled in Medicaid, CHIP, and related programs across 24 states and the District of Columbia  sees innovation as key to improving health outcomes and controlling the cost of delivery	

## BROKER INTERVIEWS

ORGANIZATION	NAME	TITLE	PHONE	EMAIL
FBC	Chris W. Durkin		602-277-8477	<a href="mailto:cwd@fbcserv.com">cwg@fbcserv.com</a>

INTERVIEW NOTES	
<b>Existing assets that support individual applications</b>	<p>All quotes must be underwritten if 26 years or less. Have universal screening health risk form and submit to vendor and return bid.</p> <p>If not, use census data. Don't want to load data into rating engine. Depend on vendor</p> <p>Use excel and submit to vendor who loads.</p> <p>In Arizona licensed in 19 states. Have about 4% market penetration. 250 corporate clients with average size 40 employees.</p> <p>Also serve 800 individual clients. Biggest issue is underwriting.</p> <p>Collect first payment by check and forward to vendor.</p> <p>Issues of employers have populations in multiple states:</p>
<b>Additional Assets needed to process HIE applications</b>	
<b>Requirements for HIE to send referrals? , e.g. accept 1st premium payment &amp; process state/federal subsidy</b>	<p>Common application for all carriers. Would like the HIE to host a way to compare plans fitting certain parameters.</p> <p>Calculation built in actuarial value associated with a particular.</p> <p>Clients also want to how much of population is eligible for AHCCCS? How to take advantage of tax credits, etc.?</p>
<b>Notes</b> <p>Scheduled 4.6.11 10am cell: 602-549-2640</p> <p>Business not drive by web . Meet w employers using excel ppt, etc and then present options to employers. Quote it and NORvax: on their website. Have been lacking a uniform web portal for basic data.</p>	

ORGANIZATION	NAME	TITLE	PHONE	EMAIL
<b>Black, Gould &amp; Associates, Inc</b>	Ruthann Laswick		602-776-1342	<a href="mailto:Ruthann.laswick@blackgould.com">Ruthann.laswick@blackgould.com</a>

INTERVIEW NOTES	
<b>Existing assets that support individual commercial applications</b>	<p>Software company. Consider themselves as a General Agency that works between carrier and brokers. Developed and supported systems since 1990 for individuals to log on, view options and apply. Integrate all private carriers, plans, prices, for comparison basis. Users click on Plan and can apply on line through link to carrier. Largest implementation is Arizona. Involved Utah and many other states. 3<sup>rd</sup> largest in nation with \$350,000 million in premiums; 19,000 individuals; 8,000 employer groups. 75% of clients are employer groups; 25% are individuals.</p> <p>Do all of technology, 24/7 Service calls, bilingual. Also provide similar services for carriers.</p> <p>Premium taxes go to Arizona.</p> <p>Don't collect premiums. Don't link to carriers for small group for purposes of marketing. (employer doesn't have access) internally staff act as brokers for small employers.</p> <p>Have underwriting authority, but confirm with carrier.</p> <p>Approach to Exchange: similar to other brokers; interested in competing for developing and running exchange.</p> <p>Upgrading constantly; up to date technology</p>
<b>Additional Assets needed to process HIE applications</b>	<p>Imagine that SHOP would go to them or broker to help make decisions.</p> <p>Interface more with Exchange as navigator and if the voucher program survives.</p> <p>Free choice voucher; individual declines employer offer.</p>
<b>Requirements for HIE to send referrals?</b>	<p>Concerns are with employer groups: making sure all additional laws, e.g. COBRA. Are met.</p>

## Notes

A web ex demo was given to SIS by the Black, Gould & Associates technical team to display the features and functions of their system. Here are the findings from the demo:

- The system have a .NET based architecture and use 3.5, WCF and SQL Server.
- It doesn't have an ESB which is a major component of an ACA Exchange technical architecture.
- The system has a rating engine that they have developed using WCF but it is not a rules engine.
- It has real time web services interfaces with participating carrier systems and currently don't have any HIPAA supported interfaces.
- The system is HIPAA compliant in terms of security but the team was not sure about FIPS and other standards.
- The system doesn't have a NIEM supported data structure.

We evaluated the features and functions that were shown to us during the demo for considering their solution as a potential ACA Exchange solution as desired by the Black, Gould and Associates team. Our analysis indicates that the system does not have many features and functions required by the ACA Exchange and lacks basic features as well integrations with other systems. It does not have any consumer portal or a portal for small business. Essentially their web site allows the brokers to sign in, enter very basic information (name, age, zip code) and then look for available plan options. At that time they get the plan information back from the carrier systems and present them to the brokers and also allow them to do a side by side comparison. If the broker wants to apply for a specific plan on behalf of the client then at that point all they do is send the user to the specific carrier's web site with no pre fill of the data. Beyond that point it all happens in the carrier's website. They don't get any enrollment information back from the carriers. They don't have any reporting capabilities for the brokers.

ORGANIZATION	NAME	TITLE	PHONE	EMAIL
<b>Arizona Benefits Advantage</b>	John Rothstein		602-973-1770	<a href="mailto:john@azbenefitsadvantage.com">john@azbenefitsadvantage.com</a>

#### INTERVIEW NOTES

##### Notes

General description of clients and business: Small shop. Arizona focused with very limited technology: use Carrier online tools  
 John is president of Broker group; very supportive of HIE.  
 Concern about State complexity for processing premiums  
 Believe role of Brokers will remain given employee groups will need guidance on and support for selecting options presented by Exchanges  
 Currently no automated tool for small groups. Benefit Mall, eHealth, Black, Gould tool for individuals).

ORGANIZATION	NAME			EMAIL
<b>Children's Action Alliance</b>	Matt Jewett			mjewett@azchildren.org
	Dana Naimark			dnaimark@azchildren.org

INTERVIEW NOTES	
<b>Existing assets that support individual applications</b>	NA
<b>Additional Assets needed to process HIE applications</b>	NA
<b>Requirements for HIE to send referrals? , e.g. accept 1st premium payment &amp; process state/federal subsidy</b>	NA
<b>Notes</b> Matt Jewett clarified that they do not have technical expertise and do not maintain or have any IT solutions. They do policy analysis using aggregate data and represent children's advocates and community organizations that may be assisting families with health insurance enrollment and eligibility options. The Children's Action Alliance would very much like to provide input into the design phase of developing an Exchange and would like to be contacted to pull an-user group together when Arizona is ready.	